Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORI

015-7231

TATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) 999000539 ASBURY OIL CO. CODE NO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 State Liquid Waste Hauler's Registration No. (if applicable) _No. of Loads or Trips: Type of Process which Produced Wastes: 💋 barrels, 🗋 flatbed, 🗖 other___ (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 4. 🛛 Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITL 12. Cannery waste 2. Alkaline solution 7. Chemical toilet wastes DISPOSER OF WASTE (Must be filled by disposer) 3. Pesticides 8. Tank bottom sediment 13. Latex waste OPERATING INDUSTRIES, INC. 4. Paint sludge 9 D Oil 14. Mud and water Name (print or type): 2425 So. Garfield Ave. 15. Brine 10. Drilling mud 5. Solvent Montercy Park, Calif. 91754
The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements. State Department of Health regulations, and CODE NO Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): ______State fee (if any): organics (list), cyanide) Handling Method(s): ☐ recovery treatment (specify) (EXAMPLES: INCINERATION, NEUTRACIZATION, PRECIPITATION) disposal (specify): pond spreading bandfill injection well Other (specify): CODE NO If waste is held for disposal elsewhere specify file Disposal Date: Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. toxic ☐ flammable Corrosive explosive SIGNATURE OF AUTHORIZED AGENT AND TITLE barrels Bulk Volume: (42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department Health with monthly fee reports. cartons solid liquid **Physical State** □ other _ Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury that the foregoing is true and correct. HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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